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# NATIONAL LIBRARY OF MEDICINE ASSOCIATE FELLOWSHIP PROGRAM

## REFERENCE FORM

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Please type or print clearly and return to the Oak Ridge Institute for Science and Education (fax number below). References due February 13, 2004.

Applicant's Name: \_\_\_\_\_

Last

First

Middle

How long and in what capacity have you known the applicant?

Length of time: \_\_\_\_\_ I am: Faculty Advisor Supervisor Other

In a group of 100 other library school students or librarians of comparable experience, how would you rate the applicant with respect to the following characteristics:

	Below Average	Average	Above Average	Outstanding (top 25%)	Superior (top 5%)	Inadequate Opportunity to Observe
Motivation toward a successful, productive career						
Growth during total period observed						
Fertility of imagination; originality of thought						
Emotional stability and maturity						
Ability to work with others						
Mastery of fundamental knowledge in the field						
Flexibility						
Ability to communicate information (written-oral)						
Self-reliance and independence						

**Additional Information:** On another sheet, please add your descriptive comments that will assist in providing a complete picture of the applicant's character, attitudes, and ability/potential for research. Please comment on challenges, as well as strong points.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Address \_\_\_\_\_

Return to: Barbara Dorsey  
Fax: (865) 241-5220 Phone: (865) 576-9975  
NLM Associate Fellowship Program  
Science and Engineering Education, MS 36  
Oak Ridge Institute for Science and Education  
P.O. Box 117  
Oak Ridge, Tennessee 37831-0117